

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Director of Nursing  
Bullock Correctional Facility  
PO Box 5107  
Union Springs, AL 36089

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

SACCC RETURN

7/17/06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No2:06CV400  
CJD

(40)

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number  
(Transfer from serv.)

7005 1820 0002 3461 1871

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540